MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12354

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville, Rural
LENGTH OF STAY (In this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) L. (Last) ALBERT

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1950

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Oct. 5, 1884 | 9. AGE last birthday 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Montgomery Co. Va | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME William R. Albert | 14. MOTHER'S MAIDEN NAME Helen Dudley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Laura F. Albert, Pylesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic carcinoma	1 yr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	2 yrs.
	(c)	

177 x
51 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Dec. 27, 1950, that I last saw the deceased alive on Dec 20 1950, and that death occurred at 3 30 p m., from the causes and on the date stated above.

SIGNATURE Charles A. Duff (Degree or title) M.D. ADDRESS Street, Md DATE SIGNED 12-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12-30-1950 | NAME OF CEMETERY OR CREMATORY Sifford cemetery | LOCATION (City, town, or county) Parrott, (State) Va.

DATE REC'D BY LOCAL REG. 12-30-50 | REGISTRAR'S SIGNATURE Priscilla Fawood | 24. FUNERAL DIRECTOR Hubert P. Harkins | ADDRESS Delta, Pa

RECEIVED
JAN 4 1951
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12355

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NORRISVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NORRISVILLE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) (Last) ALMONEY

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: B 29-1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HUGHES

14. MOTHER'S MAIDEN NAME: IDA BARTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Betty Smith Norrisville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-vascular hemorrhage	5 hrs.
331X Antecedent cause(s)	(b) Arterio-sclerosis generalized.	20 yrs
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1950, to Dec 21, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A Fulton M.D. Stewartstown Pa. 12-21-50

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE: 12-23-50 NAME OF CEMETERY OR CREMATORY: CENTRE LOCATION (City, town, or county) (State): NEW PARK YORK Co. PA.

DATE REC'D BY LOCAL REG.: 12-21-50 REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR ADDRESS: Kenneth W Durborow, Stewartstown Pa.

RECEIVED
DEC 26 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

12356

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood — LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) H (Last) Ashcraft

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/5/1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engine Driver Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Folsom W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Ashcraft

14. MOTHER'S MAIDEN NAME: Jerusha Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 205-07-0018

17. INFORMANT: Mrs Berthena Ashcraft, Edgewood Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — None

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 12/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Dec 9, 1950

NAME OF CEMETERY OR CREMATORY: Harmer Funeral Home

LOCATION (City, town, or county) (State): Shington W. Va

DATE REC'D BY LOCAL REG. Dec 9 1950

REGISTRAR'S SIGNATURE: Marie M. Monksdale

24. FUNERAL DIRECTOR — ADDRESS: Howard K. McComas & Son, Aberdeen Maryland

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DEC 19 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12357

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington | LENGTH OF STAY (in this place) 18 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) I (Last) Awkward
4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widower
8. DATE OF BIRTH: Jan. 29 1870
9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: On Farm
11. BIRTHPLACE (State or foreign country): Montgomery Co, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elijah Awkward
14. MOTHER'S MAIDEN NAME: Elizabeth Hopkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. Alex Webster Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

331 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
830 (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Malcolm Dudley Phillips MD | Darlington Md | 12/16/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial | DATE THEREOF: Dec. 18, 1950 | NAME OF CEMETERY OR ~~CREMATORY~~: Sandy Spring Cem | LOCATION (City, town, or county) (State): Montgomery Co, Md.

DATE REC'D BY LOCAL REG.: Dec. 16, 1950 | REGISTRAR'S SIGNATURE: C. W. Kirk | 24. FUNERAL DIRECTOR: A. S. Bailey | ADDRESS: Darlington, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

12358

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) N. (Last) Ayres

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 12 1893

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Towson Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Fred Rinehart

14. MOTHER'S MAIDEN NAME: Mary Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Margaret N Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY THROMBOSIS	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertension Cardio-Vascular disease	5 yr?
	(c)	

420.1 932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1944, to Dec 29, 1950, that I last saw the deceased alive on Dec 29, 1950, and that death occurred at 2:22 P.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. ADDRESS: Forest Hill, Md DATE SIGNED: 12-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jany 1/52

NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens

LOCATION (City, town, or county) (State): Bel Air Md

DATE REC'D BY LOCAL REG. 12-30 50

REGISTRAR'S SIGNATURE: Priscilla Sourwood

24. FUNERAL DIRECTOR: Joseph Hosta ADDRESS: Bel Air Md

JAN 3 1951
WEAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12359

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Rock Spring Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anne	Elizabeth Bartholomai		Dec	29	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	Nov 21-1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	Bel Air Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Furry	Bather Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs Dora B Johnston Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Thrombosis	2 days
332X 838 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis	5 years
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. ....., 1949, to Dec. 29, 1950, that I last saw the deceased alive on Dec. 28, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles Richardson Jr.	M.D.	Bel Air, Md.	10/30/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jany 1/51	St Ignatius	Hickory, Harford, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-30-50	Priscilla Forwood	Joseph T Foster	Bel Air Md

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JAN 3 1951
BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-air; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Churchville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air; STREET ADDRESS (If rural, give location) 17 Churchville Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Franklin (Last) Branch

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 50

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: 6/8/50

9. AGE last birthday: — yrs. If under 1 year: Months 6; Days 19; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Baby

11. BIRTHPLACE (State or foreign country): Bel-air Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael William Branch

14. MOTHER'S MAIDEN NAME: Francis Elizabeth Haugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Francis Brandt - 17 Churchville Road Bel-Air, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 1 day

490 108

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-29-50

NAME OF CEMETERY OR CREMATORY: Clarks Chapel

LOCATION (City, town, or county) (State): Harford County Md.

DATE REC'D BY LOCAL REG. 12-28-50

REGISTRAR'S SIGNATURE: Priscilla Fawwood

24. FUNERAL DIRECTOR ADDRESS: Elmer E Bullock - Havre de Grace Md

2-0-6-08-0-18-2 405

VS. A15A

JAN 3 1951

12361

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Joppa Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Asheville
STREET ADDRESS (If rural, give location) 29- Stewart St

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Berlin (Last) Brendle
4. DATE OF DEATH (Month) December (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug 8-1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Waynesville N.C
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John M. Brendle
14. MOTHER'S MAIDEN NAME Adeline Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs. Mary Ellen Brendle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH none

420.1 Antecedent ca[illegible] Diseases or condit[illegible] giving rise to the [illegible] stating the und[illegible] (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Dec 20-1950
NAME OF CEMETERY OR CREMATORY Greenhill Cemetery
LOCATION (City, town, or county) (State) Waynesville N.C.

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR W. H. Archer
ADDRESS Benson, Md.

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 31 1950

12362

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Butler (Last) Brooks
4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1950
5. SEX F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH June 16-1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Churchville Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Butler
14. MOTHER'S MAIDEN NAME Mary Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ocela B. Hewett Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease	?
	(c) Arteriosclerosis	?

443x
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1950, to Dec. 28, 1950, that I last saw the deceased alive on Dec 28, 1950, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE Charles Richardson (Degree or title) Jr. M.D. ADDRESS Bel Air Md. DATE SIGNED 12/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 1/50
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) (State) near Bel Air Md

DATE REC'D BY LOCAL REG. 12-29-50
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Joseph [illegible] ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

12363

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Stuart | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford - Rural -
STREET ADDRESS (If rural, give location) S. Side of Ridge

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DONALD-Elwood		CANTLER	Dec	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	1/31/30	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Airplane Machinist	Machinist	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elwood F Cantler	Beulah E. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	218-22-6518	Elwood F Cantler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull - (Right Temporal)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

816.5
170 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway -	near Whiteford	Harford	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
12/5/50 7:00 A.M.		Collision between Car and Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M K Delaney acting Medical Deputy M D	Aberdeen Md	12/5/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/8/50	Slateville cemetary	Delta,	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-7-50	Priscilla Fawood	Hubert P. Hackney	Delta, Pa.

32638

RECEIVED
DEC 11 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12364

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Rural; LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Ann (Last) Christy

4. DATE OF DEATH: (Month) Dec. (Day) 14, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 10 1857

9. AGE last birthday: 93 yrs. If under 1 year: Months 6, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Freese

14. MOTHER'S MAIDEN NAME: Matilda Frederick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Henry Carr Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-Pneumonia, Terminal — 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senility
(c) Generalized Arteriosclerosis — 20 years.

460.0
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Dec. 14, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robt Barthel M.D. ADDRESS: Forest Hill Md. DATE SIGNED: 12/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 18 1950
NAME OF CEMETERY OR CREMATORY: Poplar Grove
LOCATION (City, town, or county) (State): Warren Balto Co Md

DATE REC'D BY LOCAL REG.: 12/16-50
REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Martin L Hurst ADDRESS: Jarrettsville, Md.

RECEIVED
DEC 20 1950
BUREAU U. S.

12365

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 724 Waters St

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) Elizabeth (Last) CLARK
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 27, 1950
9. AGE last birthday: yrs. — If under 1 year: Months. Days 13 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Howard Clark
14. MOTHER'S MAIDEN NAME: Florence Virginia Curry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: John H. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by vomitus

774X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

195d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1950, to Dec 12, 1950, that I last saw the deceased alive on Dec 9, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: Irvin L. Wachsman (Degree or title) M.D. — ADDRESS: Havre de Grace, Md — DATE SIGNED: 12/10/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec 11, 1950 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county): Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG.: Dec 11-1950 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

9VX270 99V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 12 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

12366

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Rural; LENGTH OF STAY (In this place) Lifelong; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; STREET ADDRESS (If rural, give location) Rural Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	L.	Cochrane	December	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Sept 15. 1940	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
none	none	Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clyde W Cochran	Edna Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Edna Burns Cochran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Brain Defect — Life

753.1 / 157d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Donald C Palmer M.D Deputy Medical Examiner	Harford Co. Bel Air Md	12/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/29/50	Friendship	Fallston Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-50	Priscilla Forwood	Lot Archer	Benson Md

VS. A15A

RECEIVED
JAN 3 1951
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12367

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen. LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Hanover

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen
STREET ADDRESS (If rural, give location) 28 Hanover St.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Augusta (Last) Daily
4. DATE OF DEATH: (Month) Dec. (Day) 14th (Year) 1950

5. SEX: Male. 6. COLOR OR RACE: Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single. 8. DATE OF BIRTH: Dec 14th 1950 9. AGE last birthday: yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min. 1 day

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jourdie Lee Daily
14. MOTHER'S MAIDEN NAME: Mary Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. 16. SOCIAL SECURITY No. 17. INFORMANT AND ADDRESS: Mrs Jourdie Lee Daily - aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 1 day

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia — 2 days

107 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jno Wolbert M.D. Hanover Street Md. 12/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Dec 16th — NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery — LOCATION (City, town, or county) (State) Aberdeen, Harford Co. Md.

DATE REC'D BY LOCAL REG. Dec. 16-50 — REGISTRAR'S SIGNATURE Louise S. Riley — 24. FUNERAL DIRECTOR ADDRESS Henry Torrey & Sons Aberdeen Md.

10404030 7406

RECEIVED
DEC 19 1950

12368

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-B
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bel Air

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) John (Last) GAPETZ

4. DATE OF DEATH (Month) Dec (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Wid
8. DATE OF BIRTH Dec 11-1865
9. AGE last birthday 85 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trolly Mistrman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Gapetz
14. MOTHER'S MAIDEN NAME Anna Pfeaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Geo F Gapetz Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 2 Da.

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr hypertensive Cardio-vascular disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 20, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 1 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson, M.D. Forest Hill, Md 12-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 22/50
NAME OF CEMETERY OR CREMATORY St Mary's Church
LOCATION (City, town, or county) (State) Gavanstown Baltimore Md

DATE REC'D BY LOCAL REG. 12-21-50
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Jas T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12369

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Sohlie (Last) Hess

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct 20 1865

9. AGE last birthday: 85 yrs.

If under 1 year: Months 1 Days 9

If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hess

14. MOTHER'S MAIDEN NAME: Caroline Stultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Ralph Kurtz Forest Hill md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Thrombosis, Abdominal Aorta — 11 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mural Thrombosis, Left Ventricle from Auricular Fibrillation — Unknown

94a (c) Generalized Arteriosclerosis with Cerebral Thrombosis — 1 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Dec. 5, 1950, that I last saw the deceased alive on Dec. 5, 1950, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robt Barthel M.D. ADDRESS Forest Hill, Md. DATE SIGNED Dec. 5 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec 7-1950

NAME OF CEMETERY OR CREMATORY Goodwill

LOCATION (City, town, or county) Rutledge Harford (State) md

DATE REC'D BY LOCAL REG. 12/6/50

REGISTRAR'S SIGNATURE Russella Fawood

24. FUNERAL DIRECTOR Martin Kurtz ADDRESS Jarrettsville md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1950
BUREAU V. S

12370

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Harford — STATE: Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: North Carolina — COUNTY: Martin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamston, N. C.
STREET ADDRESS (If rural, give location): 634 Church

3. NAME OF DECEASED (Type or Print): (First) Deedie (Middle) (Last) Hill

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: 3/?/ 1914

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Martin Co. N. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Hill

14. MOTHER'S MAIDEN NAME: Eliza Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Henry Hill, 634 Church, Williamston, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Occlusion Right Coronary Artery — Interval between onset and death: -

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md 12/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/28/50 — NAME OF CEMETERY OR CREMATORY: Williamston — LOCATION (City, town, or county) (State): Williamston, N.C.

DATE FILED BY LOCAL REG.: Dec. 27-1950 — REGISTRAR'S SIGNATURE: C. L. Lewis M. D. — FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

XVX49

RECEIVED
DEC 30 1980
BUREAU V. S

Evidence for addition in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12371

FILM No. G 130 DEC 22 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 213 N. Union Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Trout (Last) Kelly

4. DATE OF DEATH (Month) (Day) (Year): 12/13/50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: approx 75 Unknown yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Trout

14. MOTHER'S MAIDEN NAME: Nancy ? Trout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mrs. Allen Gillespie, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1948 to 12-13 1950, that I last saw the deceased alive on 12-13, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: A. Lewis M.D. (Degree or title) ADDRESS: Havre de Grace Md DATE SIGNED: 12-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/16/50

NAME OF CEMETERY OR CREMATORY: Angel Hill

LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Dec. 16-1950

REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md.

ADDRESS: Pennington & Son

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DEC 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12372

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 825 Juanita Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elisa (Last) Kenly
4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 11, 1854
9. AGE last birthday: 96 yrs. If under 1 year: Months 8, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Perryman, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Carvel Williams
14. MOTHER'S MAIDEN NAME: Margaret Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Ida Stansbury - Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 1 yr.

442x

Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-renal disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Senility and malnutrition

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1950, to 12/10, 1950, that I last saw the deceased alive on 12/10, 1950, and that death occurred at 7:00 A. m., 12/11/50 from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George I. Stansbury, M.D. 569 Evolution St, Havre de Grace Md. 12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/14/50
NAME OF CEMETERY OR CREMATORY: Reunion Methodist Cemetery
LOCATION (City, town, or county) (State): Aberdeen, Maryland

DATE REC'D BY LOCAL REG.: Dec. 13-1950
REGISTRAR'S SIGNATURE: A. L. Lewis M. D.
24. FUNERAL DIRECTOR: Elmer Bullock - Havre de Grace, Md.
ADDRESS

RECEIVED
DEC 15 1950
BUREAU OF S

12374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 4 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Blackhorse
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William D. Nehrer
4. DATE OF DEATH (Month) (Day) (Year): 12 - 8 - 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27, 1882
9. AGE last birthday: 68 yrs. — If under 1 year: Months 6, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Nehrer
14. MOTHER'S MAIDEN NAME: Caroline Heil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Mary Nehrer - Blackhorse, Md. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ventricular Fibrillation — 3 minutes

153X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Colon Intestinal Obstruction — 4 weeks

121 (c) Intestinal Hemorrhage — 10 days

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Coronary disease — 2-3 years

19a. DATE OF OPERATION: 11/13/50 / 11/29/50
19b. MAJOR FINDINGS OF OPERATION: Peritonitis - Appendectomy / I & D of Abscess [illegible]
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-29, 1950, to 12-8, 1950, that I last saw the deceased alive on 12-8-50, 19....., and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE: Ross J. Pierpont M.D. (Degree or title) — ADDRESS: 405 N. Charles St Balto 1 — DATE SIGNED: 12/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-10-50 — NAME OF CEMETERY OR CREMATORY: Goodwill — LOCATION (City, town, or county) (State): Bushedge Harford Md

DATE REC'D BY LOCAL REG.: Dec. 8-1950 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Marion E. Heitz — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12375

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
MARYLAND — LENGTH OF STAY (In this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Aberdeen
STREET ADDRESS (If rural, give location) Phila. Blvd. (Courts Restaurant)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jerry	Benjamin	Parmer	Dec	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Sept 11, 1950		3	3		

10a. USUAL OCCUPATION (Give kind of wrk done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	none	Alabama	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Harold Parmer	Hazel Pauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		None	Mr. Pauley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital Heart disease	
754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	
157e	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H K Dulaney	M. D. - Deputy Med Exam	Aberdeen	Dec 16/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 18 1950	Bakers Cemetery	Aberdeen, Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 18-1950	C. L. Lewis M. D.	Henry Tarring and Sons	Aberdeen Md.

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RECEIVED
DEC 21 1960
BUREAU

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12376

FILM No. G 130 JAN 10 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARVE de Grace
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harve de Grace
STREET ADDRESS (If rural, give location) 622 Fountain St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) — (Last) Pfaffenbach
4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 25 1869
9. AGE last birthday 81 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Room Clerk, a. P.Sd.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Arnold Frederick Pfaffenbach
14. MOTHER'S MAIDEN NAME Anna Elizabeth Doench
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. G. Arnold Pfaffenbach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia

903.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture hip

186a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-7-50 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? He fell over rug in bedroom (1/8/51 akc)

22. I hereby certify that I attended the deceased from Aug. 3, 1950, to Dec. 26, 1950 that I last saw the deceased alive on Dec. 26, 1950 and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Havre de Grace - Md. DATE SIGNED 12-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 30, 1950
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) Havre de Grace (State) Md.
DATE REC'D BY LOCAL REG. Dec. 28-1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 30 1960
BUREAU

12377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jarrettsville (Rural) — LENGTH OF STAY (In this place): 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jarrettsville (Rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) — (Last) Reichert

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: May 11 1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months 7 Days 0 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Conrad Reichert
14. MOTHER'S MAIDEN NAME: Ernestine Kutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Wm Rose Reichert, Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241 x Immediate cause (a) Chr. Myocardial Disease (Congestive heart failure) — ?

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Bronchial Asthma — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) — ADDRESS: Forest Hill — DATE SIGNED: Md 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 20, 1950 — NAME OF CEMETERY OR CREMATORY: Blenheim — LOCATION (City, town, or county): Balto. Co (State): Md

DATE REC'D BY LOCAL REG.: 12-19-50 — REGISTRAR'S SIGNATURE: Priscilla Lowood — 24. FUNERAL DIRECTOR: Martin G. Kurtz — ADDRESS: Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21 1950
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12378

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace | LENGTH OF STAY (in this place): 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 800 S. Adams St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: HArford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace
STREET ADDRESS (If rural, give location): 800 S. Adams St.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Henry (Last) Reynolds

4. DATE OF DEATH: (Month) 12- (Day) 14- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-14-1873

9. AGE last birthday: 77 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Reynolds

14. MOTHER'S MAIDEN NAME: Eliza Mc Cardell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lena Reynolds, 800 S. Adams St., Havre De Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) 83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3 19 48 to 12-14 19 50, that I last saw the deceased alive on 12-14 19 50, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis MD | ADDRESS Havre de Grace Md | DATE SIGNED 12-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-17-1950 | NAME OF CEMETERY OR CREMATORY: Brookview | LOCATION (City, town, or county) (State): Rising Sun, Md.

DATE REC'D BY LOCAL REG.: Dec. 15-1950 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR | ADDRESS: Wm. A. Patterson & Son, Perryville, Md.

30809

RECEIVED
DEC 18 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12379

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (in this place) Unknown; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle); (Last) Reynolds

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 22 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): York Co. Penna

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Raine

14. MOTHER'S MAIDEN NAME: Mary C. Raine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 14 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

331 X
83a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 11, 1950, to Dec. 16, 1950, that I last saw the deceased alive on Dec. 11, 1950, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm Dudley Phillips MD Darlington Md 12/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 20, 1950

NAME OF CEMETERY OR CREMATORY: Oxford Cem.

LOCATION (City, town, or county) (State): Oxford Penna

DATE REC'D BY LOCAL REG.: Dec. 18, 1950

REGISTRAR'S SIGNATURE: C. H. Kirk

24. FUNERAL DIRECTOR ADDRESS: C. Rogers, Oxford, Penna

5202

RECEIVED
DEC 27 1950
BUREAU V. S

12380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sarah Furnace — LENGTH OF STAY (in this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fallston Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sarah Furnace.
STREET ADDRESS (If rural, give location) Fallston R.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Corrine	Rigor	Dec.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Dec 9. 1880	70 yrs.	8	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Charleston W. Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
— Farmer	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Paul T. Rigor Fallston RD md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Not Known

241X 112 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma, Chronic.

(c) Malnutrition.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 6, 1949, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 3 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. James Shannon Jr	M.D.	Jarrettsville, Md	12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 19, 1950	Providence	Upper X Roads	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-18-50	Priscilla Foxwood	Martin F. Kurtz	Jarrettsville md.

RECEIVED
DEC 21 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12381

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stepney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CATHERINE DOWLING (Last) SAPP

4. DATE OF DEATH: (Month) DECEMBER (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 9. 1864

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Joseph G. Wagner Aberdeen P.O. Box #222

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13, 1949, to Dec. 3, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James A Lowrey M.D. Aberdeen, Md. Dec 4, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 6-1950 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Near Bel Air Harford Md

DATE REC'D BY LOCAL REG.: Dec. 6-1950 — REGISTRAR'S SIGNATURE: Nellie L. Tilley

24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring Sons Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

12382

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM NO. G 130 JAN 10 1951

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rolda (Middle) Smith (Last) Zapp

4. DATE OF DEATH: (Month) December (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm tenant

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L.C. Zapp.

14. MOTHER'S MAIDEN NAME: Lilly Graybeal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No. 201-07-8666

17. INFORMANT AND ADDRESS: Wife - Rose Zapp - Conowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Pneumonia

93d (c) Chronic myocarditis (1/8/51 akc)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1950, to 12-30, 1950, that I last saw the deceased alive on 12-30, 1950, and that death occurred at 7:44 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Havre de Grace - Md. 12-31-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 4 1951

NAME OF CEMETERY OR CREMATORY: Rich Hill Cem

LOCATION (City, town, or county) (State): West Jefferson N.C.

DATE REC'D BY LOCAL REG.: Dec. 31-1950

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: J. E. Tyson - Rising Sun Md.

ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12383

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Md. R.D. 2 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Md. R.D. 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Allen (Last) Scarborough

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 14 1950

9. AGE last birthday yrs. 7 | If under 1 year: Months | Days 16 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Merril Scarborough

14. MOTHER'S MAIDEN NAME: Esther Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mr Merril Scarborough

18. MEDICAL CERTIFICATION Bel-Air, Md. R.D. 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9229 **Immediate cause** (a) Aspiration of Foreign Body — Interval Between Onset and Death: 5 min

195d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) Harf. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 19 50, to Dec 30, 19 50, that I last saw the deceased alive on Dec 29, 19 50, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Malcolm Dudley Phillips MD | Darlington Md | 12/30/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR ~~CREMATORY~~ | LOCATION (City, town, or county) (State)
Burial | Jan 2 1951 | Smith Chapel Cem | Harford Co. Md.

DATE REC'D BY LOCAL REG. Jan 1, 1951 | REGISTRAR'S SIGNATURE C. H. Kirk | 24. FUNERAL DIRECTOR H. S. Bailey | ADDRESS Darlington Md.

2-0-5-14-0-31-4-40-6

JAN 8 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12384

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 701 N. Adams.

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) King (Last) Bailey
4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/12/1883
9. AGE last birthday: 67 yrs. If under 1 year: Months 6, Days 19. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: John King
14. MOTHER'S MAIDEN NAME: Mary A. Klein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: M. Alberta Bantman 701 N. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma Sigmoid — Interval Between Onset and Death:

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Carcinomatosis

(c) Cachexia.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Dec 2, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J. Foley M.D. ADDRESS: 706 S. Union Ave Havre de Grace Md DATE SIGNED: 12/2/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 12/5/50 NAME OF CEMETERY OR CREMATORY: Angel Hill LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Dec. 4-1950 REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS: Havre de Grace, Md.

RECEIVED
DEC 8 1969
BUREAU V. S.

12385

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Turretia (Middle) (Last) Scott
4. DATE OF DEATH (Month) (Day) (Year) December 16 1950

5. SEX F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH About 1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housedutien
11. BIRTHPLACE (State or foreign country) Tallston
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Josiah Lee
14. MOTHER'S MAIDEN NAME Jane Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John B Munchhausen 5526 38th St Balto 18/Mrs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma colon — INTERVAL BETWEEN ONSET AND DEATH 8 mo.

153x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to Dec 16, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer MD (Degree or title) ADDRESS Bel Air, Md. DATE SIGNED 12/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 18/50
NAME OF CEMETERY OR CREMATORY Hendon Hill
LOCATION (City, town, or county) (State) Bel Air Md

DATE REC'D BY LOCAL REG. 12-17-50
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Jos T Foster ADDRESS Bel Air Md

52086

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12386

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton
LENGTH OF STAY (In this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton
STREET ADDRESS (If rural, give location) Bel Air R-2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martha	Ellen	Sills	Dec	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar. 17, 1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Emmorton, Harford Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Boyd	Mollie Pieper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Charles T. Sills, R. Emmorton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) coronary occlusion	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive valvular heart disease	Years
	(c) with auricular + ventricular	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 12 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred C Hodous	M.D.	Edgewood md	12-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1950	Bradbury	Abingdon, Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 30, 1950	Mary M. Mansfield	Howard K. McComas & Son	Abingdon Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Locke
4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: December 13 1950
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Locke
14. MOTHER'S MAIDEN NAME: Ann Kelly -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: George H. Locke Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1950, to 12-13-, 1950, that I last saw the deceased alive on 12-13-, 1950, and that death occurred at 7.50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Carlos J. Castellano M.D. — Harford Memorial Hosp. — 12-13-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 14th 1950 | NAME OF CEMETERY OR CREMATORY: Bakers Cemetery | LOCATION (City, town, or county) (State): aberdeen, Harford Co. md.

DATE REC'D BY LOCAL REG.: Dec. 15. 1950 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 24. FUNERAL DIRECTOR — ADDRESS: Kelley Tarring & Sons, aberdeen md.

20V1202722230

RECEIVED
DEC 15 1950
U.S.

12388

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY York Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) E (Last) Wright

4. DATE OF DEATH (Month) (Day) (Year) December 26 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marcel
8. DATE OF BIRTH Dec. 25-1865
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Koons
14. MOTHER'S MAIDEN NAME Jane Berkenheiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT Margaret J. Mackel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C V disease —

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bel Air Md DATE SIGNED 12/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 28-50
NAME OF CEMETERY OR CREMATORY Bethel M. E.
LOCATION (City, town, or county) Chanceford Twp. York Co. (State) Pa

DATE REC'D BY LOCAL REG. 12-27-50
REGISTRAR'S SIGNATURE Priscilla Sowood
24. FUNERAL DIRECTOR Howard S Marklin ADDRESS White Hall Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12389

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; LENGTH OF STAY (In this place) Life; ~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS Bush & Chapel Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; STREET ADDRESS (If rural, give location) Bush & Chapel Road.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) Stanley (Last) YARISH

4. DATE OF DEATH: (Month) DEC. (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 8, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barthalamus Yarish

14. MOTHER'S MAIDEN NAME: Rosa Tierchanski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Mary L. Markam

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) HYPERTENSIVE CARDIOVASCULAR DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 9, 1948, to DEC 12, 1950, that I last saw the deceased alive on DEC. 6, 1950, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L Ramsey M.D. ADDRESS Aberdeen, Md. DATE SIGNED Dec 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 15, 1950

NAME OF CEMETERY OR CREMATORY: Bafers Cemetery

LOCATION (City, town, or county) (State): Aberdeen Harford Co. Md.

DATE REC'D BY LOCAL REG.: Dec. 14-50

REGISTRAR'S SIGNATURE: Nellie L. Riley

24. FUNERAL DIRECTOR: Henry Tarring and Sons Aberdeen Md.

ADDRESS

RECEIVED
DEC 16 1980
BUREAU N.Y.